

## Application Checklist

Use this checklist to help you arrange the sections of the application in the correct order. This form is available as a fill-in form on the IMLS Web site (see information on electronic forms, page 3.5).

- ☐ Face Sheet
- ☐ Application Checklist
- ☐ Abstract
- ☐ Narrative
- ☐ Schedule of Completion
- ☐ Project Budget
  - ☐ Summary Budget
  - ☐ Detailed Budget
  - ☐ Budget Justification
- ☐ Current, Federally Negotiated Rate for Indirect Costs, if applicable
- ☐ Specifications for Projects Involving Digitization, if applicable
- ☐ Partnership Statement
- ☐ Proof of Nonprofit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Resumes of Key Personnel (no longer than two pages per person)
- ☐ Attachments, as appropriate
  - ☐ Report from Planning Activities (e.g., Needs Assessments, Digitization Plans)
  - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
  - ☐ Other \_\_\_\_\_
- ☐ Applicants are required to submit an electronic copy of the abstract, narrative, and Specifications for Items Involving Digitization, if applicable, on a 3.5 inch disk or a CD, formatted as a text file (.txt) or a rich text file (.rtf). Be sure to include institution and project contact information as a file in your disk.

OMB No. 3137-0035

CFDA No. 45.312

## Face Sheet

IMPORTANT! READ INSTRUCTIONS ON PAGE 3.6 BEFORE PROCEEDING.

1. Applicant Organization	2. Organizational Unit (if applicable)	
_____	_____	
3. Applicant Organization Mailing Address	_____	
_____	_____	
4. City	5. State	6. Zip Code
_____	_____	_____
7. Web Address	_____	
8. Applicant Organization DUNS Number (9 digits)	_____	
9. Applicant Organization TIN Number (9 digits)	_____	
10. Name and Title of Project Director <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	11. Business Phone of Project Director	
_____	_____	
12. Project Director Mailing Address	_____	
_____	_____	
13. City	14. State	15. Zip Code
_____	_____	_____
16. Fax Number of Project Director	17. E-mail Address of Project Director	
_____	_____	
18. Name and Title of Authorizing Official	19. Business Phone of Authorizing Official	
_____	_____	
20. Authorizing Official Mailing Address	_____	
_____	_____	
21. City	22. State	23. Zip Code
_____	_____	_____
24. E-mail Address of Authorizing Official	_____	
_____		
25. Is the applicant organization university controlled? <input type="checkbox"/> yes <input type="checkbox"/> no		
26. In the space below, include names of any organizations that are official partners of the project.		

27. Project Title \_\_\_\_\_

28. Amount Requested \$ \_\_\_\_\_ 29. Amount of Matching Funds \$ \_\_\_\_\_

30. Grant Period (starting date) \_\_\_\_/\_\_\_\_/\_\_\_\_ – \_\_\_\_/\_\_\_\_/\_\_\_\_ (ending date)

31. Governing Control of Applicant: ☐ State ☐ County ☐ Municipal ☐ Private Nonprofit  
☐ Tribal Government ☐ Other, please specify \_\_\_\_\_

32. For museum applicants, non-federal operating budget for the most recently completed fiscal year  
 \$ \_\_\_\_\_

33. Type of Organization (check one)

- ☐ Academic library
- ☐ Library association
- ☐ Museum association
- ☐ Museum library
- ☐ Museum education program at an institution of higher education
- ☐ Museum studies program at an institution of higher education
- ☐ Public library
- ☐ Research library/archives
- ☐ School library or school district applying on behalf of a school library or libraries
- ☐ School of library and information science
- ☐ Special library
- ☐ State library agency
- ☐ State museum library
- ☐ Institution of higher education, if no other choice applies

- ☐ Aquarium
- ☐ Arboretum/botanical garden
- ☐ Art museum
- ☐ Children's/youth museum
- ☐ General museum\*
- ☐ Historic house/site
- ☐ History museum
- ☐ Nature center
- ☐ Natural history museum
- ☐ Planetarium
- ☐ Science/technology museum
- ☐ Zoo
- ☐ Specialized\*\*
- ☐ Public broadcasting licensee
- ☐ Other \_\_\_\_\_

\* A museum with collections representing two or more disciplines equally (e.g., art and history).

\*\* A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group).

34. Applicant Name \_\_\_\_\_

35. In the space below, summarize the project activities. (200 words maximum)

36. To the best of my knowledge and belief, the information provided in this application is true and correct. This application has been duly authorized by the governing body of the applicant, and the applicant will comply with all grant terms and conditions and with the assurances and certifications that appear in the IMLS National Leadership Grants guidelines.

Name of Authorizing Official \_\_\_\_\_

Title \_\_\_\_\_

Signature of Authorizing Official \_\_\_\_\_ Date \_\_\_\_\_

# Project Budget Form

## SECTION 1: SUMMARY BUDGET

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.8–3.10 BEFORE PROCEEDING.

### DIRECT COSTS

	IMLS	Cost Share	Total
SALARIES & WAGES	_____	_____	_____
FRINGE BENEFITS	_____	_____	_____
CONSULTANT FEES	_____	_____	_____
TRAVEL	_____	_____	_____
MATERIALS, SUPPLIES & EQUIPMENT	_____	_____	_____
SERVICES	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL DIRECT COSTS</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>INDIRECT COSTS*</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**TOTAL PROJECT COSTS** \$ \_\_\_\_\_

**AMOUNT OF CASH-MATCH** \$ \_\_\_\_\_

**AMOUNT OF IN-KIND CONTRIBUTIONS** \$ \_\_\_\_\_  
(INSTITUTIONAL COST-SHARING), INCLUDING INDIRECT COSTS

**TOTAL AMOUNT OF MATCH (CASH & IN-KIND CONTRIBUTIONS)** \$ \_\_\_\_\_

**AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS** \$ \_\_\_\_\_

**PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS** \_\_\_\_\_ %

Have you received or requested funds for any of these project activities from another federal agency?  
(Please check one) ☐ Yes ☐ No

If yes, name of agency \_\_\_\_\_

Date of application \_\_\_\_\_ or award \_\_\_\_\_ Amount requested or received \$ \_\_\_\_\_

# Project Budget Form

## SECTION 2: DETAILED BUDGET

Year ☐1 ☐2 ☐3 - Budget Period from \_\_\_\_\_ to \_\_\_\_\_

Name of Applicant Organization \_\_\_\_\_

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.8–3.10 BEFORE PROCEEDING.

### SALARIES AND WAGES (PERMANENT STAFF)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____

### SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

NAME/TITLE	No.	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
_____	( )	_____	_____	_____	_____
<b>TOTAL SALARIES AND WAGES \$</b>			_____	_____	_____

### FRINGE BENEFITS

RATE		SALARY BASE	IMLS	COST SHARE	TOTAL
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
_____	% of \$	_____	_____	_____	_____
<b>TOTAL FRINGE BENEFITS \$</b>			_____	_____	_____

### CONSULTANT FEES

NAME/TYPE OF CONSULTANT	RATE OF COMPENSATION (DAILY OR HOURLY)	No. OF DAYS (OR HOURS) ON PROJECT	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTAL CONSULTANT FEES \$</b>			_____	_____	_____

### TRAVEL

FROM/TO	NUMBER OF: PERSONS DAYS	SUBSISTENCE COSTS	TRANSPORTATION COSTS	IMLS	COST SHARE	TOTAL
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
_____	( ) ( )	_____	_____	_____	_____	_____
<b>TOTAL TRAVEL COSTS \$</b>				_____	_____	_____

# Project Budget Form

## SECTION 2: DETAILED BUDGET CONTINUED

Year ☐1 ☐2 ☐3

### MATERIALS, SUPPLIES AND EQUIPMENT

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL COST OF MATERIALS, SUPPLIES, &amp; EQUIPMENT \$</b>		_____	_____	_____

### SERVICES

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL SERVICES COSTS \$</b>		_____	_____	_____

### OTHER

ITEM	METHOD OF COST COMPUTATION	IMLS	COST SHARE	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>TOTAL OTHER COSTS \$</b>		_____	_____	_____

**TOTAL DIRECT PROJECT COSTS \$** \_\_\_\_\_

### INDIRECT COSTS

Check either item A or B and complete C. (See section on Indirect Costs, page 3.9.)

Applicant organization is using:

- ☐ A. An indirect cost rate which does not exceed 15 percent of modified total direct costs charged to IMLS.
- ☐ B. Federally negotiated indirect cost rate (see page 3.9).

\_\_\_\_\_  
Name of Federal Agency

\_\_\_\_\_  
Expiration Date of Agreement

Rate Base Amount

\_\_\_\_\_ % of \$ \_\_\_\_\_ = \$ \_\_\_\_\_

	IMLS	Cost Share	Total
C . Total Indirect Costs	\$ _____	\$ _____	\$ _____

## Specifications for Projects Involving Digitization

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.10–3.11 BEFORE PROCEEDING.

1. Describe types of materials to be digitized (e.g., artifacts, maps, manuscripts, photographs, audio recordings, video recordings, motion pictures) and number of each.

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2. a. Identify copyright issues and other potential restrictions with regard to the original material:

- ☐ Public Domain \_\_\_\_% of total
- ☐ Permissions have been obtained \_\_\_\_% of total
- ☐ Permissions to be requested \_\_\_\_% of total – Plan to address: \_\_\_\_\_
- ☐ Privacy Concerns \_\_\_\_% of total – Plan to address: \_\_\_\_\_
- ☐ Other - Explain: \_\_\_\_\_

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b. Describe the terms of access and use of the digitized version created by this project.

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3. List the equipment, with specifications, whether purchased, leased, or outsourced, that will be used (e.g., camera, scanner, server): \_\_\_\_\_

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4. Specify each type of file format (e.g., TIFF, JPEG) to be produced and anticipated image quality of each (e.g., minimum resolution, depth, tone, pixel dimensions):

- ☐ Master \_\_\_\_\_
- ☐ Access \_\_\_\_\_
- ☐ Thumbnail \_\_\_\_\_
- ☐ Formats for other media (e.g., audio, video, motion picture), include sampling rates, if applicable \_\_\_\_\_

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5. Describe (1) the delivery medium that will be used and (2) the digital access management system or systems that will be used to make this material available to others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Describe the quality control plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Estimate cost per image. Include costs such as scanning, quality control and indexing. Indicate the basis for calculation: \_\_\_\_\_  
\_\_\_\_\_
8. Explain how content will be discovered through metadata, including which standards you will use (e.g., MARC, EAD, Dublin Core, PBCore, VRA Core Categories, Categories for the Description of Works of Art):  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe plans for preservation and maintenance of the digital files during and after the expiration of the grant period: \_\_\_\_\_  
\_\_\_\_\_
10. If you are producing collection-level records, describe plans for submitting collection-level descriptive records to a bibliographic utility, such as Research Libraries Information Network (RLIN) or Online Computer Library Center (OCLC): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe plans for submitting information about the project to a public registry of digital resources: \_\_\_\_\_  
\_\_\_\_\_
12. Provide URL(s) for applicant's previously digitized collections, if applicable: \_\_\_\_\_  
\_\_\_\_\_

## Sample Partnership Statement

This page is a sample format for a partnership application. Prepare yours in a similar manner. You may complete separate statements for each partner or add additional signature lines for multiple partners. Information about partnership applications is on page 1.5. All partners must sign Partnership Statements. They do not need to all sign the same document.

1. Applicant Organization:

Other partner members (organizations):

2. Briefly list the activities that each organization has agreed to perform:

3. We, the undersigned institutions, agree to all of the following:

- We will carry out the activities described above and in the Application Narrative;
- We will use any funds we receive from IMLS in accordance with applicable federal laws and regulations; and
- We assure that our facilities and programs comply with applicable federal requirements.

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Signature of Authorizing Official

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Partner Organization (Type or Print)

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Name of Authorizing Official (Type or Print)

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Date

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Signature of Authorizing Official

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Partner Organization (Type or Print)

---

Name of Authorizing Official (Type or Print)

---

Date

---

Signature of Authorizing Official

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Partner Organization (Type or Print)

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Name of Authorizing Official (Type or Print)

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Date